

## **049: PHYSICIANS' VIEWS ON PUBLIC REPORTING OF HOSPITAL QUALITY: CLINICAL PERFORMANCE AND PATIENT PERSPECTIVES**

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### **Objective:**

The objective of this project was to learn how physicians might respond to patients with questions about public reports of comparative hospital quality, including making treatment and referral decisions.

### **Methods:**

We designed a qualitative study, conducting in-person interviews with practicing physicians over a two-month period, in early 2004. The convenience sample included physicians in office-based practice with an active hospital affiliation. We selected 25 physicians in primary care (n=17), cardiology and pulmonology (n=7), corresponding to the hospital clinical measures reported. Sample physicians varied in age, type of hospital affiliation, and type of practice. The semi-structured interview protocol focused on two hypothetical scenarios, each describing a physician-patient interaction in which the patient questions a referral based on information in a public report about hospital quality. The qualitative analysis identified themes and used quotations to illustrate the "weight" of opinion for this sample.

### **Results:**

In response to patient scenarios, most physicians would react initially by reassuring the patient, often by letting the patient know that they will monitor their care in the hospital and emphasising the pre-existing experience and rapport they have with the referral physician. All physicians said they would be willing to discuss and review the report with the patient, but they would like more information about the report. Other frequent responses included giving information based on their own experience with the hospital and discussing the relevance of quality measures in the report to the patient's condition. Some physicians would change their referral decision based on patient preference; more would change to a different hospital than to a different physician. Rather than change their decision, many physicians would talk directly to the referral physician, and some would talk to the hospital about their patient's admission.

When asked about obstacles to discussing quality indicator reports with patients, some physicians identified a barrier as being an insufficient time to talk about quality of care issues. Asked their views about internal hospital reports, most physicians were familiar with and generally positive about the use of these reports for quality improvement in the hospital. They saw these reports as important to identify outliers and monitor improvement; also, they wanted more information about the hospital's quality improvement efforts. Their preferences for ways to receive these reports and for what was included varied. When asked about using public reports and what factors would give them confidence in the data, many physicians mentioned the data source and credibility. They also cited a number of factors related to the methodological rigor applied both in the process of collecting data and in presenting results. Physicians said they wanted assurances that data had been validated, that sample sizes were adequate, and that proper risk adjustment or case mix strategies were applied (e.g., "sound epidemiological and methodological characteristics").

### **Conclusions:**

In reacting to public reports of hospital quality measures, physicians would pay attention to their patients, but use their personal experience and assessments in making referrals. While willing to discuss patient questions based on quality reports, they would not rely on these reports; concerns are related to the relevance of the indicators and the validity and reliability of the data.

Patient scenarios and interview questions elicited a range of perspectives, as well as consistent views, that physicians hold about quality indicator reports intended for consumers. This information will be useful in developing education and outreach activities directed at physicians, for example, using a respected source to promote the reports and emphasising data validation.

An implication is the potential impact of physician-patient interactions about quality reports on quality improvement if physicians respond by talking to hospitals and specialists, even when patient choice is not an issue.